

I

| CLAIMS ONLY | | | | | | | Application Number 16/074209 | Filing Date |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| | | | | | | | • May be used for additional claims or amendments | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 101 | | | | | | | 51 | |
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| 150 | | | | | | | 200 | |
| Total Indep | 60 | | | | | | Total Indep | |
| Total Depend | 38 | | | | | | Total Depend | |
| Total Claims | 44 | | | | | | Total Claims | |

II